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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* 16F

\*\* FOREIGN APPLICATIONS \*\*\*\*\* 16F

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NH	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
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Verified and Acknowledged 16F  
 Examiner's Signature Initials

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TITLE  
 Doll for demonstrating a medical procedure

FILING FEE  RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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